

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8659

AMENDED

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay-in 1b) \_\_\_\_\_  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY St. Louis  
 c. CITY OR TOWN University City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 7566 Melrose Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First SAM Middle NMN Last ALPERT  
**4. DATE OF DEATH** Month SEPTEMBER Day 17 Year 1961

**5. SEX** Male **6. COLOR OR RACE** White **7. Married**  **Never Married**   
**Widowed**  **Divorced**  **8. DATE OF BIRTH** 2/19/01 **9. AGE (last birthday)** 60

**IF UNDER 1 YEAR** Months \_\_\_\_\_ Days \_\_\_\_\_ **IF UNDER 24 HR** Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Assembler  
**10b. KIND OF BUSINESS OR INDUSTRY** Electric **11. BIRTHPLACE** (City and state or country) Massachusetts  
**12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Barnett Alpert **13b. MOTHER'S MAIDEN NAME** Ida Levy **14. NAME OF HUSBAND OR WIFE** Ida Alpert

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Unk. **16. SOCIAL SECURITY NO.** Unk. **17. INFORMANT** Nathan Schieber-7529 Cromwell Address \_\_\_\_\_

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Atherosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) 420.0

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO  **20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**  **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

**20c. TIME OF INJURY** Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_  
 a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

**20d. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_  
**20f. CITY, TOWN, OR LOCATION** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**21. I attended the deceased from** October 1960 to 9/17/61 and last saw him alive on 9/17/61  
 Death occurred at 3:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Lesker Zeffren M.D. **22b. ADDRESS** BARNES HOSPITAL **22c. DATE SIGNED** 9/17/61

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Removal **23b. DATE** 9/19/61 **23c. NAME OF CEMETERY OR CREMATORY** Chesed Shel Emeth Cem. **23d. LOCATION** (City, town, or county) St. Louis County, Missouri (State) \_\_\_\_\_

**24. FUNERAL DIRECTOR** Herman Rindskopf, Inc. **ADDRESS** 5216 Delmar **25. DATE RECD. BY LOCAL REG.** SEP 18 1961 **26. REGISTRAR'S SIGNATURE** Loan Smith, M.D.

DATE AMENDED \_\_\_\_\_  
 INSTEAD OF \_\_\_\_\_  
 DOCUMENT \_\_\_\_\_  
 MEDICAL CERTIFICATION \_\_\_\_\_  
 SHOULD READ \_\_\_\_\_  
 BY AFFIDAVIT OF \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Ketter  
Licensed Embalmer No. 3880

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.